



Health Scrutiny Committee
18 March 2015

**The Healthy Child Programme in Surrey,
including Health Visiting and School Nursing Services.**

Purpose of the report: *Policy Development and Review*

This paper is being presented to the committee in response to a recommendation made at the Health Scrutiny Committee in January 2014 regarding school nurse services and to provide an update on the transfer of commissioning arrangements for health visiting.

INTRODUCTION

1. The Healthy Child Programme (HCP) is a national programme that sets a framework for the delivery of universal and more targeted or progressive services through and in partnership with health visitors and school nurses.
2. In a 2010 white paper, the government set out its vision for a reformed public health system¹. As part of delivering this vision for public health and contributing to achieving the government's ambition to secure the best possible health outcomes for children and young people. The responsibility for commissioning school nursing services transferred to local government in April 2013 under the changes set out within the 2012 Health and Social Care Act.
3. On 1 October 2015 commissioning of health visiting services will also transfer from the NHS to local government. This will join up the commissioning for children under 5 years old with the commissioning for 5-19 year olds and wider public health functions already sitting with local authorities.
4. In Surrey, the commissioning of universal school nurse services currently sits with the Public Health team in Surrey County Council¹. Nationally, from 1 October 2015, the commissioning of health visiting services in Surrey will also transfer from NHS England to Public Health. Both health

¹ The universal School Nurse Service is commissioned by Public Health. The CAMHs Community Nurses that work alongside the wider school nurse workforce are commissioned by Children's Services. Those School Nurses working in Surrey's Special Schools are currently commissioned by both Surrey's CCGs and the Council.

visiting and school nursing services will continue to be provided by the three NHS community providers in Surrey (Central Surrey Health, First Community Health and Care and Virgin Care Services Limited) in line with the overall contracts held with the lead Clinical Commissioning Groups (CCGs).

5. This paper provides an up to date picture of current service workforce, programme delivery for both health visiting and school nursing and an overview of future commissioning arrangements for health visiting.

THE HEALTHY CHILD PROGRAMME AND WHAT SURREY'S CHILDREN, YOUNG PEOPLE AND FAMILIES EXPECT?

6. The HCP is the framework within which the services for children and young people delivered by health visiting (HV), for 0-5 year olds, and school nurses (SN), for 5-19 year olds, are delivered^{2 3 4}. The HCP requires support and delivery from a range of partners including HV and SN services and includes health assessments and developmental reviews, promotion of positive relationships and good mental health as well as sign posting to sexual health and substance misuse services and supporting children in mainstream schools with long term conditions. The HV and SN services also play a key role in Early Help and children's safeguarding.
7. All three of Surrey's community providers work to a nationally set and locally agreed service specification for HV and similar specifications for SN^{5 6} helping to ensure uniformity in service provision across the county.

Health Visiting (0-5s)

8. Every child is entitled to the best possible start in life. The first 1001 days from conception to age 2 is widely recognised as a crucial period in a child's development and can be a determining factor in their ability to learn and experience positive outcomes for the rest of their life⁷.
9. The Health Visiting Call to Action began in 2011 and aims to deliver 4,200 more HVs nationally and improved outcomes for children and young people through early intervention and more targeted and tailored support for those who need it. In Surrey, the Call to Action has led to 70 more HVs working across the county with the three community providers working hard to achieve their workforce targets.
10. Broadly speaking, each family in Surrey has access to a named HV until their child starts school at around 4 years of age when they are transferred to the SN service. Although not all families will require support until this time, others may need additional targeted intervention from HVs and wider services that can help the child and their family. HVs identify those families that may require additional support through the use of validated assessment tools and this ensures that families not only receive the support they need but also ensures that the service manages its case load effectively.

11. The increase in HV numbers has resulted in delivery of the universal elements of the HCP, in particular more new birth visits completed within 14 days, improvement in the percentage of completed 2-2.5 year reviews and the percentage of mothers receiving a maternal mood review by the time their infant is 6-8 weeks old. While the services continue to improve against set Key Performance Indicators (KPIs) that track the proportion of key universal HV reviews undertaken, a fully optimised service remains a year or so away as newly trained HVs gain the skill and experience that only time in post can bring. Upon transition of commissioning responsibility for HV from NHS England to Surrey County Council (SCC) there will be a continued expectation that these universal reviews will be provided to the same level of service as at point of transfer with a view to securing continuous improvement in their uptake⁸.
12. Planning for the transition of commissioning responsibility for HV started early in Surrey with the establishment of a Transition Board to oversee the process. The Board meets frequently and includes representatives from NHS England, the three community providers, CCGs, Public Health, Children's Services and Early Years. The Board has regular sight of HV performance, finance as well as workforce recruitment and retention in line with the national Call to Action programme.
13. In the remaining months leading up to 1 October 2015 when transition of commissioning responsibility takes place, Surrey's Transition Board, in line with national guidance and with approval by Public Health, will agree and sign off the 'Deed of Novation' that details the organisational change in commissioning responsibility as well as financial values and schedule for each service⁹. Currently, the transition process is on track to meet the timeframes to ensure this takes place on 1 October 2015.

School Nursing (5-19)

14. Surrey's SN services have been commissioned by Public Health since April 2013. Since taking over responsibility for the commissioning of this service a review was undertaken to ascertain level of workforce, service provision and subsequent gaps.
15. The review identified four broad areas for development across Surrey:
 - Workforce planning
 - Leadership
 - Role of school nurse
 - Outcome measure tool
16. The review also highlighted that all three community providers are working within challenging circumstances to provide the necessary workforce of qualified Specialist Community Public Health Nurse (SCPHNs) for the size of the population. It has been suggested that the level of provision required for a SN workforce is 'at least one full time, year round, qualified (SCPHN) school nurse for each secondary school and its cluster of primary schools'¹⁰. In Surrey there are currently 11.13 working time equivalent (WTE) SCPHNs, leaving a gap of 40 WTE

based on the suggested level of provision. This position is not unique to Surrey and the specialist school nurse workforce nationally is limited in number. There are a number of reasons for lack of growth in school nursing, some of which are of greater significance in Surrey and include; reduced or no increase in investment, pay scales and those of neighbouring areas, for example, London, the HV Call to Action and an ageing and retiring workforce.

17. The implications of a limited qualified SN workforce in Surrey are that, with priority given to Early Help and children's safeguarding, there is less capacity to deliver on the wider public health aspects of the SN service specification. That said, each of the three providers in Surrey are, where possible, providing universal public health interventions such as the school based immunisation programme and National Childhood Measurement Programme as well as more targeted work to promote healthy relationships including supporting Sexual Health and Relationship Education and running community drop in sessions for condom distribution and sexual health issues. However, in all areas the scope and scale of these interventions could be greater if there were a larger workforce.
18. Public Health are working with the three community providers to mitigate as far as possible against any further decline in the SN workforce and utilise those in post to greatest advantage through a programme of rolling recruitment adverts as well as up-skilling those already within the SN workforce who could undergo the necessary training to become a SCPHN. The providers are also sharing best practice through SN Champions identified from within the existing workforce.
19. SCC Public Health has committed to increasing the SN budget in 2015/16 with sufficient funding for four additional WTE across the county. This will enable the three providers to offer places to students currently training within their organisations.
20. In addition and to fill a gap that has been identified, Public Health will also provide funding for SN roles for children that are not in school, for example, those that are home schooled, Gypsy, Roma and Travellers and those Not in Education, Employment or Training (NEET). It is possible that such a role could also provide a function within the Supporting Families Programme and it would complement existing services such as those provided by First Community Health and Care by their Temporary Accommodation Team.
21. The providers and Public Health are also working with Health Education Kent, Surrey and Sussex, the body responsible for ensuring there are sufficient education places within universities to fill workforce needs locally, on the need for training in Surrey. This should be considered in conjunction with future finance and budget for the SN workforce to ensure that there are roles within the providers.

22. To help understand the workforce requirements that will enable delivery of both SN and HVs elements of the HCP now and in the future, Public Health have commissioned a bespoke workforce planning tool that will enable both a strategic view of future workforce need to be taken, as well as providing a current picture for providers to best structure their teams to meet the needs of the population.
23. An outcome from this work will include the provision of clear evidence of need to help providers target programmes of activity to those areas and the schools, children and young people within them that need the service most. In turn, helping to further define the role of the SN and provide a framework for an evaluation tool.

CONCLUSIONS

24. The period April 2013 – 1 October 2015 and beyond represents a large period of change in the commissioning of 0-5 HV and 5-19 SN services. It is necessary for SCC Public Health to maintain and build on the relationships developed with our commissioning colleagues in NHS England and, more importantly, with the three community providers.
25. Clear service direction set through agreed service specifications and monitored through Key Performance Indicators (KPIs) will help to provide assurance of delivery of the HCP. However, it will also be necessary for Public Health to be mindful and supportive towards the three providers in relation to the SN workforce. This will require close partnership working to clearly define what is deliverable given the limited numbers within the workforce and the necessity for priority to be given to Early Help and children's safeguarding.
26. Robust workforce planning will enable Public Health to plan accordingly as the wider community contracts within which SN and HV sit reach the end of their current term. It will be necessary to understand how the HCP can continue to be delivered within future workforce constraints and what opportunities there may be from other areas to help deliver the broad public health outcomes that will support better health and wellbeing for Surrey's children and young people.

RECOMMENDATIONS

27.
 - a) Members of the Health Scrutiny Committee are asked to note the information provided within this report and to consider any further updates and assurance they may wish to receive at a later date in line with those actions detailed under 'Next Steps'.

NEXT STEPS

28.
 - a) The Public Health team will continue to ensure a smooth transition of commissioning responsibility for the 0-5 HV service and could bring a summary/assurance of completion of this process to a future Health Scrutiny Committee after 1 October 2015.

b) The three community provider contracts will be ready for renewal in October 2016 (First Community Health and Care), March 2017 (Virgin Care Services Limited) and March 2018 (Central Surrey Health). SN and HV sit within these contracts and Public Health will plan appropriate steps, in conjunction with the CCGs and council colleagues, including Early Years; Education, Youth and Children's Services, to ensure that interdependencies with other existing services are considered during the recommissioning process and that there is limited disruption to services throughout any possible period of change.

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http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107563

3 Department of Health (2009) Healthy Child Programme: the two year review.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107565

4 Department of Health (2009) Healthy Child Programme: from 5 to 19 years old.

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5 <http://www.england.nhs.uk/wp-content/uploads/2014/12/hv-serv-spec-dec14-fin.pdf>

6 www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf

7 www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-reviewMarmot report

8 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/402455/Mandation-Factsheet_2.pdf

9 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403983/Allocations_15-16.pdf

10 Department of Health (2004) Choosing health: making healthy choices easier, London: Stationery Office